

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name City of San José		San Jose City Clerk 2016 OCT 18 PM 2:11 AT JTC	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Housing Department			
Designated Agency Contact (Name, Title) Maria Haase, Analyst			
Area Code/Phone Number 408-975-4413	E-mail maria.haase@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 85.00

Event Description: Pentatonix Date(s) 10 / 17 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San José Housing Department	16	16 tickets to recognize staff for their contributions in the Department's Recognition Team.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee



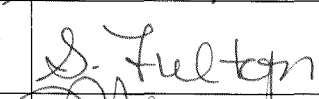

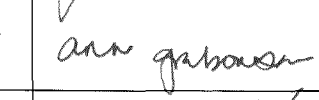

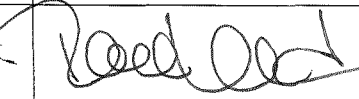
 Jacky Morales-Ferrand
 Print Name

 Director of Housing
 Title

 10/17/16
 (month, day, year)

Comment: _____

Pentatonix
SAP Center / City Box Suite / Recognition
October 17, 2016

Name	Organization	Face Value per Ticket	# of Tickets	Public Purpose	Signature
Janie Le	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Selena Copeland	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Sara Fulton	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Jovette Armenta	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Ann Grabowski	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Maria Hase	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
Rachel Vanderkeem	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	
	CSJ Housing Department	\$85.00	2	Housing Recognition Team - Recognition	